## Important factors

Since each set of eyes is unique, there is no way to actually determine your candidacy for laser surgery until you have had your pre-operative evaluation. It involves a series of diagnostic tests, which may include some or all of the following items:

- ⇒ Screening evaluation of general health of the eyes.
- ⇒ The measurement of corneal thickness and shape, including corneal topography.
- ⇒ The measurement of your prescription and refractive error in each eye.
- ⇒ Dilation of the eyes to check the health of the retina and optic nerve. It also helps to determine the actual absolute power of the eye.
- $\Rightarrow$  Dry eye test.
- ⇒ Measurement of pupil size in a dark room
- ⇒ If any of the tests or exams identify any ocular pathology that may or may not exclude you from having a refractive procedure done, you will be required to make a separate appointment which may involve extras costs if not covered by your medical aid.

Once you have completed your pre-operative evaluation, Dr. Niemandt will determine whether you are a suitable candidate for a laser vision correction procedure. If you qualify, you will be informed via e-mail which will include possible options as well as the costs involve and payment options.

I hereby confirm that all of the above information is true and correct and that I take full responsibility for all information not disclosed.

Full name & Surname

Signature

\_\_\_\_\_

Date

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## LASER VISION CORRECTION ASSESSMENT







## Are you a good candidate?

Dear Sir / Madame,

As part of the evaluation process we kindly request that you complete the below questionnaire, in order for us to determine if you might be a good candidate for refractive surgery.

Refractive laser corrections have given clear vision to over 20 million people worldwide, but unfortunately not everyone is automatically a candidate for laser treatment.

Before proceeding with laser treatment, it is extremely important that we first thoroughly examine your eyes so that any contra-indications may be identified. If you are a good candidate, Dr. Niemandt will determine which type of laser correction is best suited to your particular needs if you do qualify.

## Please complete

	How old are you?  Under 20: □ 20-40yrs: □ Over 40yrs: □  If you are over 40 years of age will you be	7-	Have you had refractive surgery (laser surgery) or any sort of eye surgery in the past?  Yes: No:   Do you currently have optical correction, but glasses or contact lenses are inappropriate or unsuitable for your type of work, your work environment or the type of sport you play?	
	willing to wear reading glasses after the laser procedure? Yes: □ No: □	8.		
3.	Which one of the below conditions apply to your yes? Nearsighted: □ Farsighted: □ astigmatism: □ Other: □	0	Yes: ☐  Are you in good health?	No: □
	If other please give more	9.	Yes:	No: □
	information:		If no, please give more information:	
4.	Do you have any uncontrolled eye diseases E.g. Retinal problems, dry eyes, glaucoma etc. Yes: $\square$ No: $\square$			
	If yes, please specify:			
		10.	Do you have any health is that may affect your eyes diabetes, auto-immune d other diseases? Or are yoursing a baby? Yes:	e.g. uncontrolled iseases or any
			If yes, please specify:	
5.	Do you or any of your family members have keratoconus?			
	Yes: □ No: □			
6.	Has there been significant changes in your glasses or contact lens prescription over the last			
	3 years or have your eyes been stable with no or insignificant changes?		Are you aware that your medical aid does not cover the expense of any refractive	
	Yes: ☐ No: ☐		procedure?	,
			Yes: □	No: □